

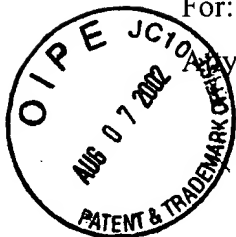
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/485,640  
Filed: February 11, 2000  
1<sup>st</sup> Inventor: H. ODAKA  
For: Anti-Inflammatory Agent  
App. Dkt. No. 2477 USOP

Art Unit:  
Examiner:  
Allowed:  
Batch:  
Paper No.:



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2. Transmittal Form (1 page) and Fee Transmittal Form (1 page X 2)
3. Petition for Extension of Time (1 pages X 2)
4. Amendment "B" and Response under 37 CFR 1.111 (9 pages)

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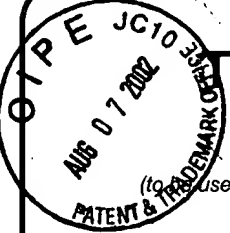
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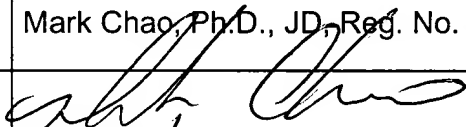
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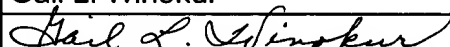
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 <b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/485,640	
	Filing Date	February 11, 2000	
	First Named Inventor	H. ODAKA	
	Group Art Unit	1617	
	Examiner Name	S. Jiang	
Total Number of Pages in This Submission	16	Attorney Docket Number	2477 USOP

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard. Certificate of Express Mailing
Remarks		The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 500799.

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Signature	
Date	8/7/02

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Typed or printed name	Gail L. Winokur	Date	8/7/02
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